

DISCLOSURE SUMMARY PAGE

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

2010 OCT 29 PM 3:22

Rec'd Form

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT MICHAEL A MAURO

IMPORTANT: Indicate by # type of committee you are reporting for: 1

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

MICHAEL A MAURO

Political Party (if applicable)

DEMOCRAT

Office Sought

SECRETARY OF STATE

District (if Senate or House)

FORM**DR-2**

(Rev. 12/2009)

DISCLOSURE
REPORT**For Office Use Only**

Comm. #

5114

Logged In

SW

Scanned

Computer

Audited

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Penelope H. Conner
SIGNATURE OF PERSON FILING REPORT

971-3655
TELEPHONE

10/29/10
DATE SIGNED

I AM FILING A OCTOBER 29, 2010 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

(report date)

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 64,267.09

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

48,667.13

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$ 112,934.22

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

98,665.83

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 14,268.39

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$ 4,000.00

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$ 271.58

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$

CONSULTANT BREAKDOWN (Schedule G Attached?)

✓ YES ___ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

**MONETARY
RECEIPTS**

☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT MICHAEL A MAURO

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10.16.10	ID# CK#	ADRIAN BELLOMO 1221 - 1ST AVE APT 215 SEATTLE, WA 98101		\$10.00	<input type="checkbox"/>
10.16.10	ID# CK#	JASON KLINE 731 S MONROE CT MASON CITY, IA 50401		20.00	<input type="checkbox"/>
10.16.10	ID# CK#	Delaware County Democratic Central Comm BOX 62 EARLVILLE, IA 52041		50.00	<input type="checkbox"/>
10.16.10	ID# CK#	MACHELLE SHAFFER 3307 59TH ST DM, IA 530211		50.00	<input type="checkbox"/>
10.16.10	ID# CK#	ROBERT JOSTEN 801 GRAND SUITE 3900 DM, IA 50309		100.00	<input type="checkbox"/>
10.16.10	ID# CK#	KENNETH KLINE 731 S MONROE CT MASON CITY, IA 50401		100.00	<input type="checkbox"/>
10.16.10	ID# CK#	TIMOTHY GANNON 1926 17TH ST APT #5 WASHINGTON, DC 20009		250.00	<input type="checkbox"/>
10.16.10	ID# CK#	LAWRENCE CHRISTIANI 2802 CAULDER AVE DM, IA 50321		300.00	<input type="checkbox"/>
10.16.10	ID# CK#	JAMES HAYES 1142 E COURT AVE IOWA CITY, IA 52240		500.00	<input type="checkbox"/>
10.16.10	ID# CK# 1001	SOS Project-The Michigan Campaign Michigan Acct. 1600 S Battery St Apt. B Little Rock, AR 772202		10,0000	<input type="checkbox"/>
SUB-TOTAL				\$ 11,380.00	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 5
(for Schedule A)

COMMITTEE TO ELECT MICHAEL A. MAURO

DATE	NAME AND ADDRESS OF CONTRIBUTOR						AMOUNT
10.16.10	Cathleen	Daley	3609 Black Feather Drive	Richmond	CA	94803	\$4.00
10.16.10	megan	hull	2226 Hall Pl. NW	Washington	DC	20007	\$1,000.00
10.16.10	PATRICIA	PELFREY	9023 N 2ND DR	PHOENIX	AZ	85021	\$5.00
10.16.10	Michael	Kieschnick	1467 Hamilton Avenue	Palo Alto	CA	94301	\$2,000.00
10.16.10	Kimberly	Hunt	210 waters mill trl	alpharetta	GA	30022	\$1.25
10.16.10	Sandra	Storm	PO Box 1318	Hayesville	NC	28904	\$3.13
10.16.10	Evan	Schwartz	56 W 89th St, Apt A	New York	NY	10024	\$50.00
10.16.10	John	Machado	913 Pittsburgh Street	North Versailles	PA	15137	\$4.00
10.16.10	Frank	Mariglia	108 West 15 St., 5B	New York	NY	10011	\$10.00
10.16.10	Mark	Wedin	5754 SE 22nd Ave	Portland	OR	97202	\$1.25
10.16.10	Susan	Walsh	1121 Crandon Blvd E-206	Key Biscayne	FL	33149	\$1.00
10.16.10	Rita	Collins	645 Q Street N.W.	Washington	DC	20001	\$10.00
						TOTAL	\$3,089.63
						PAGE	2 of 5

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT MICAEL A MAURO

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10.19.10	ID# CK#	Democratic Association of Secretaries of State-Ohio 1580 Lincoln St., Suite 1125 Denver, CO 80273		\$11,300.00	<input type="checkbox"/>
10.20.10	ID# CK#	DENISE DOLAN 2830 OAK MEADOW CT DUBUQUE, IA 52003		25.00	<input type="checkbox"/>
10.20.10	ID# CK#	GARY BARGSTADT 3707 SW COURT AVE ANKENY, IA 50021		50.00	<input type="checkbox"/>
10.20.10	ID# CK#	JAMES NAHAS 4803 VALLEY VIEW LN WDM, IA 50265		100.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 11,475.00

TOTAL (If last page of this schedule)

\$

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Page 3 of 5
(for Schedule A)

COMMITTEE TO ELECT MICHAEL A MAURO

[illegible]

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT MICHAEL A. MAURO

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10.22.10	ID# CK#	SOS Project - The Michigan Campaign Michigan Account -1600 Battery St., Apt. B Little Rock, AR 72202		\$15,000.00	<input type="checkbox"/>
10.22.10	ID# CK#	ERIKA RASEY 4617 BEAVERCREST DR DM, IA 50310		50.00	<input type="checkbox"/>
10.22.10	ID# CK#	MICHAEL TRAMONTINA 4819 WATERBURY RD DM, IA 53012		100.00	<input type="checkbox"/>
10.25.10	ID# CK# 21650	I.B.E.W. EDUCATIONAL COMMITTEE 900 SEVENTH ST., N.W. WASHINGTON, DC 20001		1000.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 16,150.00	
TOTAL (if last page of this schedule)				\$ 48,667.13	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT MICHAL A MAURO

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10.15.10	ID# CK#	IOWA DEMOCRATIC PARTY 5661 FLEUR DR DM, IA 50321	CONTRIBUTION	\$ 300.00
10.15.10	ID# CK#	The Campaign Group Inc 7730 Herschel Ave. Suite E LaJolla, CA 92037	CONSULTANT WORK	50,000.00
10.15.10	ID# CK#	WEST BANK PO BOX 65020 WDM, IA 50265	FEE TO WIRE MONEY	21.20
10.16.10	ID# CK#	ACT BLUE PO BOX 382110 CAMBRIDGE, MA	HANDLING FEE	122.07
10.15.10	ID# CK#	GAZETTE PO BOX 7 NEOLA, IA 51559	AD IN NEWSPAPER	228.00
10.19.10	ID# CK#	WEST BANK PO BOX 65020 WDM, IA 50265	FEE FOR INCOMING WIRE TRANSFER	10.60
10.21.10	ID# CK#	The Campaign Group Inc 7730 Herschel Ave. Suite E LaJolla, CA 92037	CONSULTANT WORK	25,000.00
10.21.20	ID# CK#	WEST BANK PO BOX 65020 WDM, IA 50265	FEE TO WIRE MONEY	21.20
SUB-TOTAL				\$ 75,703.07
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT MICHAEL A MAURO

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10.21.10	ID# CK#	ACT BLUE PO BOX 382110 CAMBRIDGE, MA 02238	HANDLING FEE	\$ 259.63
10.21.10	ID# CK#	BLANK GOLF COURSE 808 COUNTY LINE RD DM, IA 50315	FOOD & BEVERAGES FOR FUNDRAISER	1300.00
10.22.10	ID# CK#	WEST BANK PO BOX 65020 WDM, IA 50265	FEE FOR INCOMING WIRE TRANSFER	10.60
10.25.10	ID# CK#	WEST BANK PO BOX 65020 WDM, IA 50265	FEE TO WIRE MONEY	21.20
10.25.10	ID# CK#	The Campaign Group Inc 7730 Herschel Ave. Suite E LaJolla, CA 92037	CONSULTANT WORK	20,000.00
10.25.10	ID# CK#	US CELLULAR DEPT 0203 PALATINE, IL 60055	CELL PHONE FOR CAMPAIGN	65.68
10.25.10	ID# CK#	CAPITAL ONE PO BOX 70599 CITY OF INDUSTRY, CA 91716	SEE SCHEDULE A	1305.65
	ID# CK#			
SUB-TOTAL				\$ 22962.76
TOTAL (if last page of this schedule)				\$98,665.83

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

COMMITTEE TO ELECT MICHAEL A. MAURO - SCHEDULE October 15 - 29, 2010

ITEM #	DATE	PAYABLE	TOTAL \$	AMOUNT	VENDOR	DESCRIPTION
1	10.25.10	Capital One	\$1,305.65			
				\$37.42	Mezzodì's	Campaign Meeting
				\$14.91	Principal Park Cub Club	Campaign Meeting
				\$198.22	HyVee Gas	Travel - out of town - gas
				\$79.28	QT	Travel - out of town - gas
				\$44.00	Dahls	Stamps
				\$37.53	Casey's	Travel - out of town - gas
				\$13.31	The Greene Turtle	Travel - out-of-state - food
				\$9.00	Washington Metrorail	Travel - out-of-state - transportation
				\$12.75	Miller Brew	Travel - out-of-state - transportation
				\$20.00	Red Lobster	Travel - out of town - food
				\$88.00	USPS	Stamps
				\$56.00	Days Inn	Travel - out of town -Hotel
				\$31.43	Drake Diner	Campaign Meeting
				\$663.80	AirTran	Travel - out-of-state - transportation
				\$1,305.65		

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT MICHAEL A MAURO

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

Reset Form

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
6/1/10	NDSM PROPERTIES 4316 SW 9TH DM, IA 50315	JUNE RENT	\$ 800.00
7/1/10	NDSM PROPERTIES 4316 SW 9TH DM, IA 50315	JULY RENT	800.00
8/1/10	NDSM PROPERTIES 4316 SW 9TH DM, IA 50315	AUGUST RENT	800.00
9/1/10	NDSM PROPERTIES 4316 SW 9TH DM, IA 50315	SEPTEMBER RENT	800.00
10/1/10	NDSM PROPERTIES 4316 SW 9TH DM, IA 50315	OCTOBER RENT	800.00
SUB-TOTAL			\$ 4,000.00
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 4,000.00

*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1
(for Schedule D)

CANDIDATE COMMITTEES NOTE:

*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT MICHAEL A MAURO

SCHEDULE

E

(Rev. 06/97)

IN-KIND

CONTRIBUTIONS

☐ CHECK THIS BOX IF
AMENDING FORM

Rescue Form

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
10.20.10	SECRETARY OF STATE PROJECT 1600 SOUTH BATTERY ST., APT 5 LITTLE ROCK, AR 72202		FUNDRAISING EMAIL	\$ 126.00	<input type="checkbox"/>
10.25.10	SECRETARY OF STATE PROJECT 1600 SOUTH BATTERY ST., APT 5 LITTLE ROCK, AR 72202		FUNDRAISING EMAIL	105.58	<input type="checkbox"/>
10.25.10	JARRETT SCHNEIDER 308 KELLING ST RENWICK, IA 50577		Ad in Boone-Valley News	40.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL

\$ 271.58

TOTAL (if last
page of this
schedule)

\$ 271.58

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Page 1 of 1
(for Schedule E)

RESET

SCHEDULE

G

(Rev. 02/08)

BREAKDOWN
OF MONETARY
EXPENDITURES
BY CONSULTANT☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT MICHAEL A. MAURO

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant

The Campaign Group, Inc.

Mailing Address

7730 Herschel Ave. Suite E

City

LaJolla

State

CA

Zip Code

92037

CONTRACT PERIOD (MM/DD/YR)

TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE

From October 15, 2010

To November 2, 2010

\$

ESTIMATES OF PERFORMANCE

PART II - ITEMIZED BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY CONSULTANT TO OTHERS IN PERFORMING SERVICES OF CONTRACT (These expenses should NOT be reported on Schedule B, as they are direct payment from the consultant.)

DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
10.15.10	Media Buys		\$ 50,000
10.21.10	Media Buys		25,000
10.25.10	Media Buys		20,000
SUB-TOTAL			\$ 95,000.00
TOTAL (If last page of this schedule)			\$ 95,000.00